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Bib Data Sheet

CONFIRMATION NO. 1519

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/589,288	06/08/2000 RULE	435	1647	PF343P3C5

APPLICANTS

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BOB
7/12/06

** CONTINUING DATA *****

This application is a CON of 09/507,968 02/22/2000 PAT 6,812,327 which claims benefit of 60/122,388 03/02/1999

and claims benefit of 60/124,097 03/12/1999

and claims benefit of 60/126,599 03/26/1999

and claims benefit of 60/127,598 04/02/1999

and claims benefit of 60/130,412 04/16/1999

and claims benefit of 60/130,696 04/23/1999

and claims benefit of 60/131,278 04/27/1999

and claims benefit of 60/131,673 04/29/1999

and claims benefit of 60/136,784 05/28/1999

and claims benefit of 60/142,659 07/06/1999

and claims benefit of 60/145,824 07/27/1999

and claims benefit of 60/167,239 11/24/1999

and claims benefit of 60/168,624 12/03/1999

and claims benefit of 60/171,108 12/16/1999

and claims benefit of 60/171,626 12/23/1999

and claims benefit of 60/176,015 01/14/2000

and is a CIP of 09/255,794 02/23/1999 PAT 6,716,576

which is a CIP of 09/005,874 01/12/1998 PAT 6,689,579

which claims benefit of 60/036,100 01/14/1997

and is a CIP of PCT/US96/17957 10/25/1996

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** FOREIGN APPLICATIONS *****

none

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7/12/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/09/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Budget E. Dunner</i> Examiner's Signature	<i>BOB</i> Initials			

ADDRESS

22195

TITLE

METHODS OF INHIBITING B LYMPHOCYTES USING ANTIBODIES TO NEUTROKINE-ALPHA

FILING FEE RECEIVED 4728	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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